MI-Access
Michigan's Alternate Assessment Program

MI-Access
Security Compliance Form

I, the undersigned, do certify and attest to all of the following:

I have had access to a printed or electronic copy of the *Professional Assessment & Accountability Practices for Educators* as published by the Office of Educational Assessment and Accountability of the Michigan Department of Education; and

I have read the sections applicable to assessment security, preparation, and administration; and

I have read the section regarding the duties and responsibilities of my role in the assessment process; and

I have followed the practices as they relate to my role in the current assessment.

Note: Use a No. 2 Pencil **ONLY.**　　USE A No. 2 PENCIL

Date: _____

Signature: _____

Printed Name: _____

Note: An electronic copy of the *Professional Assessment & Accountability Practices for Educators* is available on the World Wide Web at **http://michigan.gov/oeaa**. For further information, contact the Michigan Department of Education, Office of Educational Assessment and Accountability, 608 W. Allegan St., P.O. Box 30008, Lansing, MI 48909, call toll-free 1-877-560-8378.

1. District	2. School
1 2 3 4 5	1 2 3 4 5

(bubbles 0–9 for each column)

3. MI-Access Role *Mark ALL that apply.*

- ○ District Coordinator
- ○ School Coordinator
- ○ Assessment Administrator
- ○ Proctor
- ○ Accommodations Provider
- ○ Other

4. Information Box

PLEASE PRINT—Use full names.

School Name: _____

District Name: _____

If any needed information is not preprinted, follow the directions below.

Directions

TO COMPLETE:

1. Use a No. 2 Pencil **ONLY**. Print the **DISTRICT** code. Enter leading zeros if necessary (for example, "01234"). Mark the corresponding bubbles. (Note: District Coordinators mark district code only; skip Step 2.)

2. Print the **SCHOOL** code. Enter leading zeros if necessary (for example, "01234"). Mark the corresponding bubbles.

3. Mark all corresponding bubble(s) next to your role(s) in the MI-Access assessment administration process (for example, District Coordinator, School Coordinator, etc.).

4. In the area under **Information Box**, district coordinators print district name. All others print school name and district name on the lines provided.

TO RETURN:

Return the *MI-Access Security Compliance Form* as directed in the *MI-Access Coordinator and Assessment Administrator Manual*.

Security Compliance Form

MI-SCF

63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1